

MULTIPLE DEPEN.
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

CLAIM

SERIAL NO.

FILING DATE

U / 550909
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			
	IND.		DEP.		IND.			IND.		IND.		IND.			
	1		1		1			51		51		51		51	
2			1					52		52		52		52	
3			1					53		53		53		53	
4			1					54		54		54		54	
5			1					55		55		55		55	
6			1					56		56		56		56	
7			1					57		57		57		57	
8			1					58		58		58		58	
9			1					59		59		59		59	
10			1					60		60		60		60	
11			1					61		61		61		61	
12			1					62		62		62		62	
13			1					63		63		63		63	
14								64		64		64		64	
15								65		65		65		65	
16								66		66		66		66	
17								67		67		67		67	
18								68		68		68		68	
19								69		69		69		69	
20								70		70		70		70	
21								71		71		71		71	
22								72		72		72		72	
23								73		73		73		73	
24								74		74		74		74	
25								75		75		75		75	
26								76		76		76		76	
27								77		77		77		77	
28								78		78		78		78	
29								79		79		79		79	
30								80		80		80		80	
31								81		81		81		81	
32								82		82		82		82	
33								83		83		83		83	
34								84		84		84		84	
35								85		85		85		85	
36								86		86		86		86	
37								87		87		87		87	
38								88		88		88		88	
39								89		89		89		89	
40								90		90		90		90	
41								91		91		91		91	
42								92		92		92		92	
43								93		93		93		93	
44								94		94		94		94	
45								95		95		95		95	
46								96		96		96		96	
47								97		97		97		97	
48								98		98		98		98	
49								99		99		99		99	
50								100		100		100		100	
TOTAL IND.	1														
TOTAL DEP.	12														
TOTAL CLAIMS	13														